

# TOWN OF EATONVILLE APPLICATION FOR EMPLOYMENT

201 CENTER STREET WEST • PO BOX 309 • EATONVILLE, WA 98328

PHONE: (360) 832-3361 • FAX: (360) 832-3977

**EQUAL OPPORTUNITY:** The Town of Eatonville, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The Town of Eatonville affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTION:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/S (note applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of resumes, documents or certificates that support your application. All materials submitted become the property of the Town of Eatonville and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions. \_\_\_\_\_

## PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
MAILING ADDRESS				
RESIDENCE ADDRESS IF DIFFERENT FROM ABOVE				
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (   )		ALTERNATE NO. WHERE YOU MAY BE REACHED (   )	
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			YES	NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.			YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE TOWN OF EATONVILLE			YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE TOWN OF EATONVILLE? IF YES, COMPLETE THE FOLLOWING INFORMATION:			YES	NO
JOB TITLE/DEPARTMENT:		DATES: FROM	TO	
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE TOWN OF EATONVILLE				
NAME:		JOB TITLE/DEPARTMENT:		

**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the Town of Eatonville, and if your driver's license is from another state, you will be required, as a condition of employment, to obtain a valid Washington State Driver's license before you can begin work.

LICENSE NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION	
DO YOU AUTHORIZE THE TOWN OF EATONVILLE TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE TOWN MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS.			YES	NO

## EMPLOYMENT DESIRED

POSITION OR TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING:		
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?		
DO YOU WISH TO WORK:    ↑ FULL TIME    ↑ PART TIME    ↑ TEMPORARY    ↑ SUMMER IF PART TIME, SPECIFY DAYS & HOURS PER WEEK:		
WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$                      PER		
DATE AVAILABLE FOR WORK:		
DO YOU HAVE ANY SPECIFIC COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS:	YES	NO

## EDUCATION

Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY:		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED:		

## MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO			
MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CIRCLE 1)  5                      10
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY:					
OPTIONAL - LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:					

## EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?						YES	NO
(JOB 1) PRESENT OR MOST RECENT JOB						EMPLOYER:	
FROM			TO		TOTAL TIME	ADDRESS:	
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:	
						YOUR JOB TITLE:	
HOURS PER WEEK:						SUPERVISOR'S NAME AND TITLE:	
STARTING SALARY:\$                      PER						REASON FOR LEAVING POSITION:	
LAST SALARY:        \$                      PER							
SPECIFIC DUTIES:							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):							

(JOB 2) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME AND TITLE:
STARTING SALARY:\$ PER						REASON FOR LEAVING POSITION:
LAST SALARY: \$ PER						
SPECIFIC DUTIES:						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):						

(JOB 3) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME AND TITLE:
STARTING SALARY:\$ PER						REASON FOR LEAVING POSITION:
LAST SALARY: \$ PER						
SPECIFIC DUTIES:						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):						

(JOB 4) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME AND TITLE:
STARTING SALARY:\$ PER						REASON FOR LEAVING POSITION:
LAST SALARY: \$ PER						
SPECIFIC DUTIES:						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):						

**SPECIAL SKILLS – OFFICE**

CAN YOU TRANSCRIBE MACHINE DICTATION?	YES	NO
TYPING SPEED: _____ WORDS PER MINUTE		
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____		
WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? _____		
A. LEVEL OF SKILL: _____		
B. YEARS OF OPERATING EXPERIENCE: _____		
C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? _____		
D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: _____		
OTHER SKILLS: _____		
_____		
_____		
_____		

**SPECIAL SKILLS – FIELD**

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE: _____
_____
A. LEVEL OF SKILL: _____
B. YEARS OF OPERATING EXPERIENCE: _____
OTHER SKILLS: _____
_____
_____
_____

**MISCELLANEOUS INFORMATION**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO
WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)? A “YES” REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES	NO
<b>FOR POLICE APPLICANTS ONLY:</b> HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)?	YES	NO

**PROFESSIONAL REFERENCES:** List three professional or business references who are not your relatives or employees of the Town of Eatonville. State the nature of your business relationship (i.e. co-worker, supervisor, associate, etc.).

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**PERSONAL REFERENCES:** List three personal references who are not your relatives or employees of the Town of Eatonville. State the nature of your relationship (i.e. friend, landlord, etc.).

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT:** READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

**NOTICE TO PERSONS WITH DISABILITIES:** TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT WOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE TOWN OF EATONVILLE AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE TOWN OF EATONVILLE.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY TOWN POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE TOWN OF EATONVILLE TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUNDS FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATION REFERENCED IN THIS APPLICATION TO GIVE THE TOWN OF EATONVILLE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE TOWN OF EATONVILLE TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE TOWN OF EATONVILLE OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE TOWN OF EATONVILLE RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE TOWN OF EATONVILLE, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION

I, \_\_\_\_\_, am interested in obtaining a position with the Town of Eatonville. As a part of the application and screening process, I understand the Town of Eatonville needs to obtain information relating to my prior employment to assist in the selection and screening of applicants. In consideration for the employer's willingness to consider my candidacy for this position, I hereby authorize the Town of Eatonville to request all pertinent information, either in writing or orally, regarding my prior employment. I have included on my application form all of my prior employers within the last \_\_\_\_\_ years and warrant this is an accurate and complete list. I have also included the names of my supervisors and either an address or phone number where that individual can be reached.

I also authorize my prior employers to supply the Town of Eatonville with accurate factual information about my prior employment, and hereby release that employer from any form of liability for the information provided, including the opinions of the employer about my performance, work habits, attendance, performance reviews and eligibility for re-hire. I also release my prior employers from any form of liability for opinions stated regarding my performance, unless my prior employer makes knowingly false statements of fact in the exchange of information and I am harmed by such disclosures.

1. I recognize this information is essential to my chances of obtaining a position with the Town of Eatonville, and therefore request that any policies put in place to "protect me" from the disclosure of adverse information be waived by this release form.
2. I also release my prior employers from any claims regarding my right to privacy regarding the information requested in connection with my application with the Town of Eatonville.

**I hereby release the Town of Eatonville, and my prior employers, their officers, directors, employees, insurers and agents, in their individual and representative capacity, from any and all liability for damages which may result from the exchange of information indicated above. I also acknowledge I am signing this agreement as my free and voluntary act.**

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EMPLOYEE SIGNATURE

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DATE